

SAMPLE

SHIPPING CONTAINER TALLY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

REQUISITION AND INVOICE/SHIPPING DOCUMENT	<i>Form Approved</i> OMB No. 0704-0246 <i>Expires Feb 28, 2006</i>
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The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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1. FROM: <i>(Include ZIP Code)</i>	SHEET NO.	NO. OF SHEETS	5. REQUISITION DATE	6. REQUISITION NUMBER
	7. DATE MATERIAL REQUIRED (YYYYMMDD)			8. PRIORITY
2. TO: <i>(Include ZIP Code)</i>	9. AUTHORITY OR PURPOSE			
	10. SIGNATURE			11a. VOUCHER NUMBER & DATE (YYYYMMDD)
3. SHIP TO - MARK FOR	12. DATE SHIPPED (YYYYMMDD)			b.
	13. MODE OF SHIPMENT			14. BILL OF LADING NUMBER
15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO.				

4. APPROPRIATIONS DATA 17*1453.2241 000 41118 0 068732 2D ** ***	AMOUNT
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ITEM NO.	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES	UNIT OF ISSUE	QUANTITY REQUESTED	SUPPLY ACTION	TYPE CON-TAINER	CON-TAINER NOS.	UNIT PRICE	TOTAL COST
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	* FISCAL YEAR (ONE POSITION) USE '4' FOR FY04 ** PROPERTY ACCOUNTING ACTIVITY (SIX POSITIONS) USE TWO ZEROS FOLLOWED BY THE JULIAN DATE *** COST CODE (TWELVE POSITIONS) 1st Position 0 (Zero) 2nd Position SERVIDE CODE (R, V, or N) 3rd thru 7th Pos UIC 8th thru 12th Pos 73170' (Subsistence Afloat) 73110' (Subsistence Provisions Ashore, CONUS) 73160' (Subsistence Provisions Ashore in Alaska/Overseas)							

16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO						17. SPECIAL HANDLING					
R E C E I P T	18. ISSUED BY	TOTAL CON-TAINERS	TYPE CON-TAINER	DESCRIPTION	TOTAL WEIGHT	TOTAL CUBE	R E C E I P T	19. CONTAINERS RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	SHEET TOTAL 0.00
	CHECKED BY							QUANTITIES RECEIVED EXCEPT AS NOTED	DATE (YYYYMMDD)	BY	GRAND TOTAL
	PACKED BY							POSTED	DATE (YYYYMMDD)	BY	20. RECEIVER'S VOUCHER NO.
	← TOTAL →										

DD FORM 1149, JUN 2003

51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
PREVIOUS EDITION IS OBSOLETE.

Enclosure (3)

SAMPLE

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF	
1. CONTRACT/PURCH ORDER/AGREEMENT NO. N00140-04-M-A013			2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD) 2003OCT01		4. REQUISITION/PURCH REQUEST NO. N00158-4274-9Z14		5. PRIORITY		
6. ISSUED BY FOOD SERVICE OFFICER NAS, BLDG 626 WILLOW GROVE, PA 19090-5010				7. ADMINISTERED BY (if other than 6)		8. DELIVERY FOB DESTINATION OTHER (See Schedule if other)					
9. CONTRACTOR NAME AND ADDRESS VINELAND SYRUP P.O. BOX 213 VINELAND, NJ 08360				10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) 2003OCT08		11. X IF BUSINESS IS SMALL SMALL DISADVANTAGED WOMEN-OWNED		12. DISCOUNT TERMS NET			
				13. MAIL INVOICES TO THE ADDRESS IN BLOCK							
14. SHIP TO FOOD SERVICE OFFICER NAS, BLDG 626 WILLOW GROVE, PA 19090-5010				15. PAYMENT WILL BE MADE BY DFAS-NORFOLK, CODE NITT 1837 MORRIS STREET, SUITE 1401 NORFOLK, VA 23511-3431				MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.			
16. TYPE OF ORDER		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
DELIVERY/ CALL		Reference your									
PURCHASE		furnish the following on terms specified herein.									
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div>											
If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE		23. AMOUNT	
1		SYRUP, LEMON-LIME				4	CO	22.50		\$90.00	
2		SYRUP, COLA				8	CO	\$22.50		\$180.00	
3		SYRUP, ROOT BEER				2	CO	\$22.50		\$45.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA				25. TOTAL		\$315.00	
				BY: CONTRACTING/ORDERING OFFICER				26. DIFFERENCES			
27a. QUANTITY IN COLUMN 20 HAS BEEN											
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER						g. E-MAIL ADDRESS		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
						31. PAYMENT				34. CHECK NUMBER	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.						COMPLETE				35. BILL OF LADING NO.	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				PARTIAL					
						FINAL					
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

SAMPLE

Standard Form 1080 Revised April 1982 Department of the Treasury I TFRM 2-2500 1080-109						VOUCHER NO. SCHEDULE NO. BILL NO.	
VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						PAID BY	
Department, establishment, bureau, or office billing							
Department, establishment, bureau, or office billed							

ORDER NO.	DATE OF DELIVERY	ARTICLES OR SERVICES	QUANTITY	UNIT PRICE COST PER	AMOUNT DOLLARS AND CENTS
* FISCAL YEAR (ONE POSITION) USE '4' FOR FY 04 ** PROPERTY ACCOUNTING ACTIVITY (SIX POSITIONS) (USE TWO ZEROS FOLLOWED BY THE JULIAN DATE) *** COST CODE (TWELVE POSITIONS) 1st Position 0 (Zero) 2nd Position SERVICE CODE (R, V, or N) 3rd thru 7th Pos UIC 8th thru 12th Pos 73170 (Subsistence Afloat) 73110 (Subsistence Provisions Ashore, CONUS) 73160 (Subsistence Provisions Ashore in Alaska and Overseas)					
			TOTAL		

Remittance in payment hereof should be sent to-

ACCOUNTING CLASSIFICATION - <i>Billing Office (Office Receiving Funds)</i>							
Appropriation Symbol and Subhead	Object Class	Bureau Cont. and Suballot. No.	Auth. Acctg. Activity	Type	Property Acctg. Activity	Cost Code	Amount
17*1453.2241	007	41118 0	68732	3C	**	***	

CERTIFICATE OF OFFICE BILLED	
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the appropriation(s) and or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.	
_____ (Date)	_____ (Authorized administrative or certifying officer)
_____ (Title)	

ACCOUNTING CLASSIFICATION - <i>Office Billed (Office Charged)</i>
The accounting classification to be charged must be obtained from an incoming DD1149. If the accounting classification is not specified, all efforts must be made to obtain it before meals and/or bulk sales are released for sale.

Paid by Check No.

GENERAL MESS SUMMARY DOCUMENT NAVSUP Form 1359									
HEADING		ACTIVITY		PERIOD		DAYS		DAYS IN	
		USS SAMUEL B ROBERTS		1-31 October 2003		OPER		PORT	
				CORRECTED REPORT? Y/N				MERGED RETURN? Y/N	
								FINAL RETURN? Y/N	
RATIONS ALLOWED STATEMENT									
Navy Rations Allowed		28,352							
Other Rations Allowed		3,297							
TOTAL RATIONS ALLOWED		31,649							
RATION BREAKDOWN									
Type	Code	Rations Fed							
Navy Regular	1	2,300							
Ration For Cash	2	682							
Navy Reserve	3								
Navy ROTC 1/	4								
Naval Academy 1/	5	67							
Marine Regular	6								
Marine Reserve	7								
Army Regular	8	128							
Army Reserve	9								
Army Nat Guard	10A								
AF Nat Guard	10B								
Air Force Regular	11								
Coast Guard 1/	12								
Foreign 1/	13								
Miscellaneous 1/	14	117							
TARS 1/	15								
Total Other Pers 2/	16	994							
Grand Total 3/	17	3,294							
1/ Prepare certification in accordance with Food Service Management, NAVSUP Publication 466, Chapter 2, Volume 1.									
2/ Codes 2 through 15.									
3/ Codes 1 and 16.									
CASH STATEMENT									
UNDEPOSITED BAL FWD	\$0								
SALE OF MEALS	4,068								
BULK SALES	280								
SURCHARGES	137								
CASH DEPOSITED WITH D.O.	2,672								
OTHER SALES OF MEALS	0								
UNDEPOSITED SALES	\$1,813								
CERTIFICATION									
DISBURSING OFFICER	COLLECTION VOUCHER #	DO SYMBOL	DATE						
(SIGNATURE) (DATE)	2040	8432	31-Oct-2003						
STANDARD DOC. NO.	V2135203MD000273								
CERTIFICATION: I certify that I have received cash in the amount of \$2,672.41, representing deposits described above, which will be included in my statement of accountability for the period of: 1-31 October 2003									

GENERAL MESS SUMMARY DOCUMENT NAVSUP Form 1359									
HEADING	ACTIVITY	PERIOD	CORRECTED REPORT?	Y/N	DAYS OPER	DAYS IN PORT	UIC	MERGED RETURN?	Y/N
RATIONS ALLOWED STATEMENT									
Navy Rations Allowed									
Other Rations Allowed									
TOTAL RATIONS ALLOWED 0									
RATION BREAKDOWN									
Type	Code	Rations Fed							
Navy Regular	1								
Ration For Cash	2								
Navy Reserve	3								
Navy ROTC 1/	4								
Naval Academy 1/	5								
Marine Regular	6								
Marine Reserve	7								
Army Regular	8								
Army Reserve	9								
Army Nat Guard	10A								
AF Nat Guard	10B								
Air Force Regular	11								
Coast Guard 1/	12								
Foreign 1/	13								
Miscellaneous 1/	14								
TARS 1/	15								
Total Other Pers 2/	16								
Grand Total 3/	17								
1/ Prepare certification in accordance with Food Service Management, NAVSUP Publication 486, Chapter 2, Volume 1.									
2/ Codes 2 through 15.									
3/ Codes 1 and 16.									
CASH STATEMENT									
UNDEPOSITED BAL FWD									
SALE OF MEALS	+								
BULK SALES	+								
SURCHARGES	+								
CASH DEPOSITED WITH D.O.	-								
OTHER SALES OF MEALS	-								
UNDEPOSITED SALES									
CERTIFICATION									
DISBURSING OFFICER	COLLECTION VOUCHER #	DO SYMBOL	DATE						
(SIGNATURE) (DATE)									
STANDARD DOC. NO.									
CERTIFICATION: I certify that I have received cash in the amount of \$ _____, representing deposits described above, which will be included in my statement of accountability for the period of: _____									
RECEIPTS									
INVENTORY Balance Brought Forward \$									
RECEIPTS WITH CHARGE									
RECEIPTS WITHOUT CHARGE									
TOTAL \$									
EXPENDITURES									
FOOD COST (338) + \$									
SURVEYS +									
LOSS WITHOUT SURVEY +									
BULK SALES +									
TRANSFERS w/ REIMBURSEMENT +									
TRANSFERS w/o REIMBURSEMENT +									
INVENTORY Balance on Hand +									
PRICE ADJUSTMENT +/-									
TOTAL \$									
Ratio less than 1.00 means purchases, transfers and sales were less than allowances.									
TOTAL RECEIPTS less TRANSFERS and BULK SALES									
TOTAL ALLOWANCES less UNDER/(OVER) ISSUE CF									
RATIO =									
LAST FULL PHYSICAL INVENTORY									
DATE									
NUMBER OF DAYS SINCE INVENTORY									
ACCURACY RATE %									
STORES CONSUMED (1059)									
DIFFERENCE BETWEEN FOOD COST & STORES CONSUMED %									
COUNTRY CODE									
ACCOUNTING CLASSIFICATION									
SALES									
SURCHARGES O&MN									
TOTAL									
SIGNATURES/COMMENTS									
COMMENTS:									
The figures contained in the 'RATIONS ALLOWED' column are correct to the best of my knowledge and belief.									
EXECUTIVE/PERSONNEL OFFICER (SIGNATURE) (DATE)									
I CERTIFY that the above information is correct to the best of my knowledge and belief.									
CERTIFIED BY (SIGNATURE) (RANK AND TITLE) (DATE)									